



Vermont Department of Education  
Office of Licensing and Professional Standards  
120 State Street  
Montpelier, VT 05620-2501  
(802) 828-2445

# Speech Language Pathologist and Audiologist

## License Application Forms

- ☐ **INITIAL APPLICATION FORM** - white 4 page folder
- ☐ **OATH** (*must be notarized*) - white sheet
- ☐ **PINK Child Support, Tax and UCC Statement**  
*You must sign the statement regardless of whether or not you have children, pay taxes in Vermont or were an employer.*
- ☐ **CRIMINAL RECORD CHECK REQUIREMENTS: You must complete either Process # 1 or # 2**
  - Process # 1 (If you have not had a Vermont Educational Criminal Record Check)**
    - ☐ Complete the **REQUEST FOR CRIMINAL RECORD CHECK FORM** (*Notarized*)
    - ☐ Complete the **FINGERPRINT AUTHORIZATION CERTIFICATE FORM**
    - ☐ **Check or money order** for **\$19.25** payable to the VT Department of Public Safety  
We will validate the "Fingerprint Authorization Certificate" and return it to you. You must bring the certificate with you when you have your fingerprints taken
  - or**
  - Process # 2 (If you have had a Vermont Educational Criminal Record Check)**
    - Please read the instructions on the **Authorization** form carefully to see if you qualify.
    - ☐ Complete the **AUTHORIZATION TO RELEASE CRIMINAL RECORD CHECK INFORMATION FORM** if you have been fingerprinted in Vermont for employment in a school in the past. This form must be sent to the Vermont supervisory union where your criminal record check was completed.
    - ☐ You **MUST** enclose a copy of this completed form with your application packet.
- ☐ **RETURN POST CARD** – orange Please complete and add postage or include a self addressed stamped envelope with your application.



Vermont Department of Education  
Office of Licensing and Professional  
Standards  
120 State Street  
Montpelier, VT 05620-2501

**\*\*OFFICE USE\*\***  
April 2008

## Application for Vermont Speech Language Pathologist or Audiologist

**Please type or print clearly. This application will become a permanent document in your file.**  
Enclose the self-addressed/stamped postcard if you wish to receive notification that your materials  
have been received by the Licensing Office.

1. Social Security Number:

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2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Name: \_\_\_\_\_  
Last First MI

4. Maiden or previous name(s) \_\_\_\_\_

5. Address: \_\_\_\_\_  
Street/PO Box City/Town State ZIP

6. Sex: F ☐ M ☐ 7. Phone: ( ) \_\_\_\_\_ 8. E-mail: \_\_\_\_\_

9. This is an application for which license? ☐ SLP ☐ Audiologist

10. Do you want to be licensed to work in a school setting?

- ☐ Yes If "Yes" you must complete page 4 of this application.  
☐ No If "No" complete pages 1, 2 and 3 only.

\*\*\*\*\*

*Do not write below this line: For Department of Education Use Only*

Issued		Expires			
MONTH / DAY	YEAR	MONTH / DAY	YEAR	1	2
		6 /30	201		

**11. EDUCATION:** The Licensing Office must receive original transcripts confirming all college and university study.

**Photocopies of transcripts are not acceptable.**

College/University, City/State	Dates Attended	Degree Awarded	Major

**12. I MEET THE REQUIREMENTS FOR THIS LICENSE BECAUSE I HOLD THE FOLLOWING:**

- ☐ American Speech Language Hearing Association (ASHA) Certification of Clinical Competence as a speech language pathologist or audiologist. **Please enclose a copy of your certification.**
- ☐ Board certification in audiology from the American Board of Audiology (ABA). **Please enclose a copy of your certification and a copy of your Praxis II scores report.**

**OR**

- ☐ Completion of all three of the following requirements:
1. A master's degree or higher in speech language pathology or audiology.  
**Please enclosed an official transcript; and**
  2. Completion of the Clinical Fellowship Year\* as defined by ASHA or ABA  
**Please enclose documentation of completion; and**
  3. Scores of 600 or higher on the Praxis II examination in speech language pathology (test code 0330) or audiology (test code 0340).  
**Please send an official copy of your score report.**

**Notes for # 2:**

- \* If you are in the process of completing this requirement, you will be issued a special 2-year license.

**13. LICENSES CURRENTLY HELD.** Submit a copy of each document listed. (*List most recent first.*)

Title of License or Certificate and Issuing State	Issue Date	Expiration Date

**14. EMPLOYMENT RECORD** (*List most recent first.*)

Name of Institution, School, or Private Practice	State	Dates of Employment

**15. Each question below must be answered.**

*If the answer to any items is “yes”, you must attach a complete explanation and relevant documents. A “yes” answer to any of these questions is not an automatic bar to licensure. The circumstances will be investigated and reviewed.*

	Yes	No	
<b>A.</b>			Have you ever been convicted of a felony or misdemeanor? If yes, please provide a written explanation and specify the court that issued the conviction. Please note that a plea of <i>nolo contendere</i> counts as a conviction of a criminal offence. .
<b>B.</b>			Do you currently face charge(s) for any felony or misdemeanor? If yes, provide a certified copy of the charge(s) and the name and full address of the court, the complaint number, and any scheduled court proceedings.
<b>C.</b>			Have you ever had any professional license or certificate, including any renewals thereof denied, suspended or revoked in Vermont or elsewhere?
<b>D.</b>			Have you ever voluntarily surrendered a professional license or certificate?
<b>E.</b>			Is there any pending action in Vermont or elsewhere to deny, suspend or revoke your professional license or certificate?
<b>F.</b>			Have you ever resigned a position following an allegation of incompetence or misconduct including but not limited to physical, emotional, or sexual abuse or harassment? If yes, attach a complete explanation, with date, place, allegation and resolution.
<b>G.</b>			Have you ever been suspended or discharged from employment? If yes, attach a complete explanation with date, place, allegation and resolution. .

**Certification and Signature**

I certify that the information provided on this application and in supporting documents and attachments is true and complete. I am aware that any falsification, misrepresentation, or misstatement of material information may be cause for a licensing action pursuant to 16 V.S.A § 1698 (1) (F).

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Endorsement Worksheet**

**Speech Language Pathologists who wish to work in school settings must complete this sheet.**

Please list academic course work and /or practica that fulfill each competency.

Experience may not be used to meet these requirements.

### # 84 – Educational Speech Language Pathologist Endorsement

**Instructional Level: Ages 3 – 21**

The holder is authorized to provide speech and language services, including case management and comprehensive evaluation services, to individuals age 3 through 21 in a school setting.

*Testing Requirement: Praxis I Pre-Professional Skills Tests in Writing, Reading and Math or an approved alternative test*

Content  Topic	College/  University	Course Number	# of Credits	Course Title
<b>Section A</b> <b><i>Special education law and procedures</i></b>				
Current state and federal laws, regulations, and procedures governing the referral, identification, evaluation, eligibility determination, educational placement and accommodation of individuals with communication delays and disorders				
<b>Section B</b> <b><i>The relationship of language and literacy and role of school based SLP</i></b>				
The impact of receptive or expressive language delays or disorders (including hearing loss or auditory processing disorder) on the acquisition of literacy				
The impact of communication delays and disorders on development across the domains and on the results of other forms of assessment (e.g., psychosocial, cognitive, or vocational)				
Teaching strategies and accommodations which support the learning of individuals with communication delays and disorders, including instructional methodologies and augmentative or alternative communication systems that support language development and/or communication in all modalities				



This form must be  
NOTARIZED

Vermont Department of Education  
Office of Licensing and Professional Standards  
120 State Street  
Montpelier, VT 05620-2501  
(802) 828-2445

## Oath or Affirmation

- ☐ I do solemnly swear (or affirm) that I will support the Constitution of the United States and the State of Vermont and the Laws of the United States and of the State of Vermont.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- ☐ I am a citizen of a foreign country. Under Title 16 § 12, I am not required to sign this Oath.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To be valid this must be completed by a notary public.

Subscribed and sworn or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**VERMONT DEPARTMENT OF EDUCATION**

**Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions**

Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3113, and 21 V.S.A. § 1378 you are required to answer the following:

**Child Support**

**You must check one of the three statements below regarding child support: As of the date of this renewal application:**

\_\_\_\_\_ **This does not apply to me, because I do not have any children; OR**

\_\_\_\_\_ **I do not owe any child support, or I do owe child support, but am under a plan with the Office of Child Support to pay all child support due; OR**

\_\_\_\_\_ **I am behind in my child support, and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship.**

**Taxes**

**You must check one of the two statements below regarding taxes. As of the date of this renewal application:**

\_\_\_\_\_ **All tax returns have been filed, and I do not owe any taxes, or I owe taxes but am under a plan with the Department of Taxes to pay all taxes due or they are under appeal; OR**

\_\_\_\_\_ **I am behind in my tax payments and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.**

**Unemployment Compensation**

**You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of the date of this renewal application:**

\_\_\_\_\_ **This does not apply to me, because I am not now, nor have I ever been, an employer; OR**

\_\_\_\_\_ **I do not owe any unemployment compensation, or I owe unemployment compensation but am under plan with the Unemployment Division to pay any and all unemployment compensation due; OR**

\_\_\_\_\_ **I am behind in my unemployment compensation payments and I request that the licensing authority determine that immediate payment would impose an unreasonable hardship. Please forward an Application for Hardship.**

Social Security # \_\_\_\_\_ \*                      Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_

\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number Is Not Subject to Disclosure as Part of a Public Records Request.

**Statement of Applicant**

I certify that the information stated by me in this application is true and accurate to the best of my knowledge, and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification status.

Signature of Applicant

Date





## **DIRECTIONS FOR COMPLETING REQUEST FOR CRIMINAL RECORD CHECK**

The Vermont Legislature permits the Commissioner of Education to seek criminal record checks through the FBI and other states where you may have resided or been employed previously, when you apply for initial licensure as a professional educator in Vermont. Pursuant to VSA, Title 16, Chapter 5, Subchapter 4, you will be asked to take the following steps with regard to criminal record background checks at the time you apply for initial licensure. The criminal record check must be completed before you can receive a license so it is important that you complete these steps promptly. Please allow at least a period of 12 weeks for processing of a FBI record check.

1. Complete the "Request for Criminal Record Check" form. Be sure to answer all questions completely. You must have the form notarized.
2. Complete the Applicant section of the Fingerprint Authorization Certificate and send it with a check for \$19.25 payable to the **Vermont Department of Public Safety**.
3. We will send the completed "Fingerprint Authorization Certificate" back to you. Bring it with you when you have your fingerprints taken.
4. Call your local police department or State Police barracks and find out the procedure for fingerprinting. (Some departments charge a nominal fee; some require an appointment.) **The fingerprinting agency MUST use the Vermont Livescan process or an FBI Applicant card, white with blue print, form number FD-258. Any other card used will be rejected.**
5. After you have your fingerprints taken, the agency that took them will send them along with the Fingerprint Authorization Certificate to: VCIC- Criminal Record Checks, 103 South Main St, Waterbury Vt, 05641.

### **Maintenance and Destruction Policy**

1. The Vermont Department of Education will provide applicants with an "Authorization to Release Criminal Record Check Information to the Vermont Department of Education" form.
2. An applicant has the right to challenge the accuracy of the record by appealing to the Vermont Criminal Information Center at:  
  
State of Vermont Department of Public Safety Vermont Criminal Information Center  
103 South Main Street, Waterbury, VT 05671-2101 Phone: (802) 244-8727
3. The Department of Education will use criminal record information received from VCIC for the purpose intended by law and not disclose the contents of criminal record information without the applicant's permission to any person other than the applicant and properly designated employees of the Department who have a documented need to know the contents of the record.
4. The Department of Education will maintain a confidential log of all criminal history requests for three years.
5. At the end of the retention period, logs and requests for records will be destroyed.
6. The Department of Education's criminal history log and all records relating to requests for criminal records are available to the Vermont Criminal Information Center for audit at least once every two years.
7. Any request for criminal record information or dissemination of criminal history information which is inconsistent with VSA Title 16, Chapter 5, Subchapter 4 or VCIC regulations is a violation of state and federal law.



## APPLICANT INSTRUCTIONS:

1. Complete applicant section of this form
2. Enclose a check for \$19.25 payable to “ VT Department of Public Safety”
3. Send this form and payment along with your “Request For Criminal Record Check” form and your license application to:

Vermont Department of Education  
Office of Licensing and Professional Standards  
120 State Street  
Montpelier, Vt 05620-2501

4. The Department of Education will complete our portion of the form and return the form to you.
5. You must then bring this form with you when you have your fingerprints taken.
6. The criminal justice agency that takes your prints will send this form along with your prints to: VCIC – Criminal Record Checks

**The fingerprint card MUST be an FBI Applicant card, white with blue print, form number FD-258. Any other card used will be rejected by the FBI.**

### **VERMONT CRIMINAL JUSTICE AGENCY USE ONLY:**

☐ Live scan prints sent to VCIC under the CIVIL APPLICANT workflow.

TVT: \_\_\_\_\_ Date Printed: \_\_\_\_\_

Please mail these forms once a week to VCIC – 103 S. Main Street, Waterbury VT 05671

☐ Inked prints enclosed in this packet.

**DO NOT GIVE THE APPLICANT THEIR FINGERPRINT CARD.** Please mail the cards along with these forms to VCIC – 103 S. Main Street, Waterbury VT 05671

### **CRIMINAL JUSTICE AGENCIES OUTSIDE OF VERMONT:**

**DO NOT GIVE THE APPLICANT THEIR FINGERPRINT CARD.**

Please mail the fingerprint card and this form to:  
VCIC – Criminal Record Checks  
103 South Main St  
Waterbury VT 05671



**Vermont Department of Education  
Office of Educator Licensing and Professional Standards  
120 State Street  
Montpelier, VT 05620-2501**

**Would you like your contact information accessible to the public?**

The Vermont Department of Education's Office of Licensing occasionally receives requests for contact information of licensed SLPs and audiologists in Vermont. We would like to give you the option to release your contact information for these requests (e.g. business address or home address).

If you would like to have your contact information available to the public upon request, please fill out any applicable fields below.

Please fill out and return to the above address

---

Business Name (if applicable)

---

Name

---

Address

---

City

State

Zip

---

Phone

Fax

---

E-Mail

Web Page

---

Date

Signature

Questions? Please call 802-828-2445.

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Vermont Department of Education  
120 State Street  
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**Place stamp here.**  
Post cards returned without a stamp will not be sent.

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Vermont Department of Education

Instructions:

- ☐ Print your name and address on the back of this card.
- ☐ **Place a stamp in the designated area.**
- ☐ Return this postcard with your licensing forms to the Office of Educator Licensing.
- ☐ Postcards received without proper postage or your address cannot be returned to you.

Dear Educator:

Thank you for submitting your application materials. They were received on the date indicated.

Please note this is not notification that your materials were complete or have been processed. This is notification that your materials have been received.

We will contact you if any of your materials are incomplete.

*Office of Educator Licensing*

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